

KANSAS STATE BOARD OF PHARMACY
LANDON STATE OFFICE BUILDING
900 SW JACKSON, ROOM 560
TOPEKA, KS 66612
(785) 296-4056
FAX (785) 296-8420

FEE 50.00 APPLICATION FOR REGISTRATION UNDER
KANSAS UNIFORM CONTROLLED SUBSTANCES ACT OF 1972
ANALYTICAL LABORATORY

Print or Type Registration Name and physical Address (Include zip Code)

NAME OF LABORATORY

ADDRESS

CITY STATE ZIP TELEPHONE NO.

MAILING ADDRESS IF DIFFERENT THAN PHYSICAL LOCATION FOR RENEWAL
INFORMATION

CITY STATE ZIP

NAME OF AUTHORIZED AGENT TELEPHONE NUMBER OF AUTHORIZED AGENT

ADDRESS OF AUTHORIZED AGENT

CITY STATE ZIP

This application is being made for the following reason: (check all that apply)

____ Original registration ____ Change of Address ____ Change of laboratory name

Drug Schedules (Check all that apply)

____ Schedule I ____ Schedule II/Narcotic ____ Schedule II/NonNarcotic
____ Schedule III/Narcotic ____ Schedule III/nonnarcotic ____ Schedule IV ____ Schedule V

Are you currently authorized by DEA to handle controlled substances for which you are applying?

Yes ____ No ____

If no, has application been made and pending? Yes ____ No ____

State Current DEA Registration and Expiration Date. _____

Has the applicant been convicted of any violation of State or Federal Law relating to controlled
substances? Yes ____ No ____ If yes, was the conviction a felony? Yes ____ No ____

Has any previous registration held by the applicant under any name or corporate or legal entity
under the Kansas Uniform Controlled Substance Act been surrendered, revoked, suspended, denied
or is it pending such action? Yes ____ No ____ If yes, attach a letter setting forth the
circumstances of such action.

OWNER/COPORATE PORTION

I, _____, solemnly swear (or affirm) that the statements and representations made in the foregoing application and all attachments are true and correct to the best of my knowledge and understands that this registration, if issued, will expire annually on the 30th day of June and such registration will be cancelled if not renewed annually by the 31st day of July.

SIGNATURE OF OWNER/OFFICER

Signed and sworn to (or affirmed) before on _____ day of _____, 20____

(Seal)

My commission expires _____

SIGNATURE OF NOTARY PUBLIC

AUTHORIZED AGENT PORTION

I, _____, solemnly swear (or affirm) that the statements and representations made in the forgoing application and all attachments are true and correct to the best of my knowledge and understands that this registration, if issued, will expire annually on the 30th day of June and such registration will be cancelled if not renewed annually by the 31st day of July.

SIGNATURE OF AUTHORIZED AGENT

Signed and sworn to (or affirmed) before me on _____ day of _____, 20____

(Seal)

My commission expires _____

SIGNATURE OF NOTARY PUBLIC

THIS APPLICATION REQUIRES TWO NOTARIZED SIGNATURES. IF THIS APPLICAIOTN DOES NOT HAVE TWO NOTARIZED SIGNATURES IT WILL DELAY THE PROCESSING OF THE APPLICATION. BOTH THE OWNER/COPORATE AND CONTACT PERSON/AUTORIZED AGENT PORTIONS MUST BE SIGNED AND NOTARIZED.